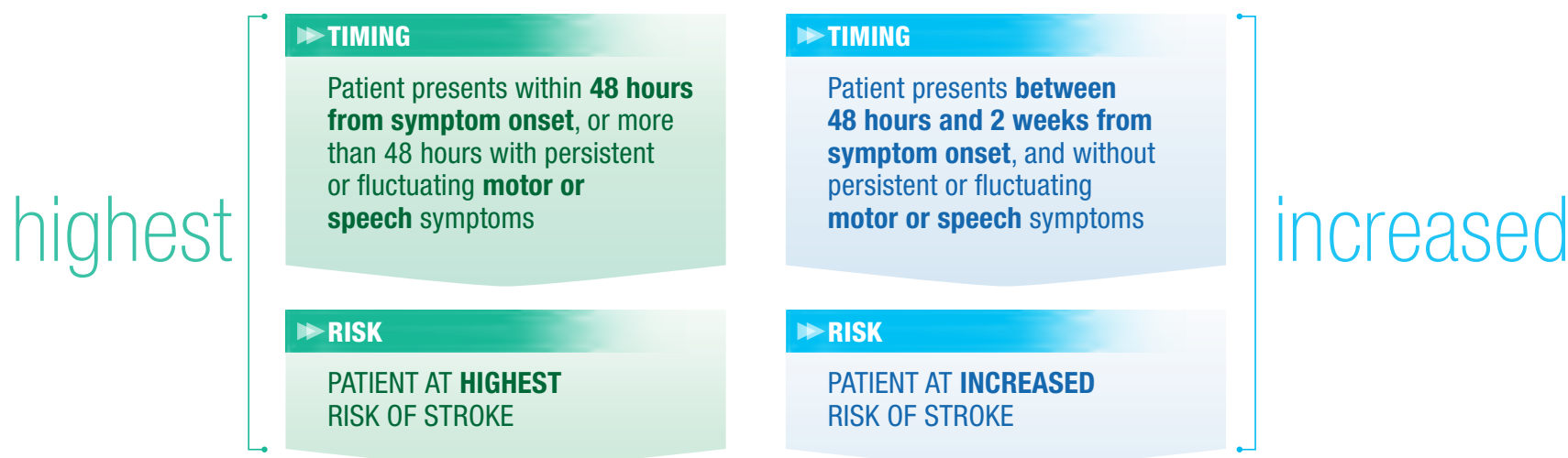


### Patients Presenting with Transient Ischemic Attack or Non-Disabling Stroke

#### TRIAGE PATIENT BASED ON TIME SINCE ONSET OF STROKE SYMPTOMS AND CLINICAL PRESENTATION

History and Physical Examination to Establish Diagnosis of TIA/Non-Disabling Stroke



▶ HIGH RISK – ACTIONS ◀		▶ INCREASED RISK – ACTIONS ◀	
<p><b>OUT OF HOSPITAL MANAGEMENT</b></p> <p>Call EMS and transport patient directly to closest emergency department providing stroke services for immediate investigation and management</p>	<p><b>EMERGENCY DEPARTMENT MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• <b>Immediate</b> CT/MRI head scan</li> <li>• <b>Immediate</b> vascular imaging (carotid US doppler, CT/MR angiography) for patients eligible for revascularization</li> <li>• <b>Immediate</b> 12 lead ECG to assess for atrial fibrillation</li> <li>• <b>Initiate</b> antiplatelet therapy if no blood on CT scan</li> </ul>	<p><b>OUT OF HOSPITAL MANAGEMENT</b></p> <p>Telephone or Fax Referral to designated <b>stroke prevention clinic (SPC)</b> or stroke specialist for further investigations and management, or transport patient to closest emergency department providing stroke services if SPC services not available</p>	<p><b>EMERGENCY DEPARTMENT MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• CT/MRI head scan within 24 hours</li> <li>• Vascular imaging (carotid Doppler, CT/MR angiography) as soon as possible within 72 hours for patients eligible for revascularization.</li> <li>• 12 lead ECG before leaving emergency department to assess for atrial fibrillation</li> <li>• Initiate antiplatelet therapy if no blood on CT scan</li> </ul>

For patients not admitted to hospital, Telephone or Fax referral to designated stroke prevention clinic (SPC) or stroke specialist for further timely investigations and management.

Note – patients presenting after 2 weeks and/or those with isolated sensory symptoms/tingling may be considered less urgent if not accompanied by other high risk symptoms.

### DEVELOP AN INDIVIDUALIZED MANAGEMENT PLAN ▶

#### IMMEDIATE ACUTE PREVENTION AND TREATMENT STRATEGIES

- ✓ Initial Lab Investigations
- ✓ Antithrombotic Therapy for Transient Ischemic Attack and Ischemic Stroke
- ✓ Antithrombotic Therapy for Patients with Atrial Fibrillation and Stroke
- ✓ Carotid Artery Evaluation

#### LONGER-TERM SECONDARY PREVENTION STRATEGIES

- ✓ Aggressive Risk Factor Modification
- ✓ Blood Pressure Management
- ✓ Smoking Cessation
- ✓ Lipid Management
- ✓ Diabetes Management
- ✓ Sleep Apnea
- ✓ Functional Assessment and Management
- ✓ Management of Depression, Anxiety and Cognitive Changes

PATIENT AND FAMILY EDUCATION

Developed by the Prevention of Stroke Task Group and the Canadian Best Practice Recommendations for Stroke Care Working Group for the Fourth Edition Update 2012. Release date: September 2012.



For detailed recommendations on the prevention of stroke, visit:

[www.strokebestpractices.ca](http://www.strokebestpractices.ca)